

| | | | |
|---------------------------------|--------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>CNSM-125855141</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Consumers Insurance USA, Inc.</i> | <i>State Tracking Number:</i> | <i>\$50.00</i> |
| <i>Company Tracking Number:</i> | | | |
| <i>TOI:</i> | <i>19.0 Personal Auto</i> | <i>Sub-TOI:</i> | <i>19.0001 Private Passenger Auto (PPA)</i> |
| <i>Product Name:</i> | <i>AR PL F EFFAPP</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Filing at a Glance

| | | |
|---|------------------------------|---|
| Company: Consumers Insurance USA, Inc. | SERFF Tr Num: CNSM-125855141 | State: Arkansas |
| Product Name: AR PL F EFFAPP | SERFF Status: Closed | State Tr Num: \$50.00 |
| TOI: 19.0 Personal Auto | Co Tr Num: | State Status: Fees verified and received |
| Sub-TOI: 19.0001 Private Passenger Auto (PPA) | Co Status: | Reviewer(s): Alexa Grissom, Betty Montesi |
| Filing Type: Form | Author: Anne Roquette | Disposition Date: 10/28/2008 |
| | Date Submitted: 10/13/2008 | Disposition Status: Approved |
| Effective Date Requested (New): On Approval | | Effective Date (New): 10/28/2008 |
| Effective Date Requested (Renewal): On Approval | | Effective Date (Renewal): |
| State Filing Description: | | |

General Information

| | |
|--|---|
| Project Name: | Status of Filing in Domicile: Not Filed |
| Project Number: | Domicile Status Comments: |
| Reference Organization: | Reference Number: |
| Reference Title: | Advisory Org. Circular: |
| Filing Status Changed: 10/28/2008 | |
| State Status Changed: 10/28/2008 | Deemer Date: |
| Corresponding Filing Tracking Number: | |
| Filing Description: | |
| We would like to file the attached endorsement in reference to the return of unearned premium for our Personal Auto Program. | |

Thank you for your time,
Anne Roquette

| | | | |
|--------------------------|-------------------------------|------------------------|--------------------------------------|
| SERFF Tracking Number: | CNSM-125855141 | State: | Arkansas |
| Filing Company: | Consumers Insurance USA, Inc. | State Tracking Number: | \$50.00 |
| Company Tracking Number: | | | |
| TOI: | 19.0 Personal Auto | Sub-TOI: | 19.0001 Private Passenger Auto (PPA) |
| Product Name: | AR PL F EFFAPP | | |
| Project Name/Number: | / | | |

Company and Contact

Filing Contact Information

| | |
|---------------------------------|------------------------|
| Anne Roquette, Products Manager | aroquette@ciusa.com |
| P.O. Box 12269 | (615) 692-0303 [Phone] |
| Murfreesboro, TN 37129 | (615) 896-0766[FAX] |

Filing Company Information

| | | |
|-------------------------------|-------------------------|-------------------------------------|
| Consumers Insurance USA, Inc. | CoCode: 10204 | State of Domicile: Tennessee |
| P.O. Box 12269 | Group Code: | Company Type: Property and Casualty |
| Murfreesboro, TN 37129 | Group Name: 0000 | State ID Number: |
| (615) 692-0303 ext. [Phone] | FEIN Number: 62-1590861 | |
| | ----- | |

Filing Fees

| | |
|------------------|---------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| | | | |
|--------------------------|-------------------------------|------------------------|--------------------------------------|
| SERFF Tracking Number: | CNSM-125855141 | State: | Arkansas |
| Filing Company: | Consumers Insurance USA, Inc. | State Tracking Number: | \$50.00 |
| Company Tracking Number: | | | |
| TOI: | 19.0 Personal Auto | Sub-TOI: | 19.0001 Private Passenger Auto (PPA) |
| Product Name: | AR PL F EFFAPP | | |
| Project Name/Number: | / | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Alexa Grissom | 10/28/2008 | 10/28/2008 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|-------------------|---------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending | Alexa Grissom | 10/16/2008 | 10/16/2008 | Anne Roquette | 10/20/2008 | 10/20/2008 |
| Industry | | | | | | |
| Response | | | | | | |

SERFF Tracking Number: CNSM-125855141

State: Arkansas

Filing Company: Consumers Insurance USA, Inc.

State Tracking Number: \$50.00

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR PL F EFFAPP

Project Name/Number: /

Disposition

Disposition Date: 10/28/2008

Effective Date (New): 10/28/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

| | | | |
|--------------------------|-------------------------------|------------------------|--------------------------------------|
| SERFF Tracking Number: | CNSM-125855141 | State: | Arkansas |
| Filing Company: | Consumers Insurance USA, Inc. | State Tracking Number: | \$50.00 |
| Company Tracking Number: | | | |
| TOI: | 19.0 Personal Auto | Sub-TOI: | 19.0001 Private Passenger Auto (PPA) |
| Product Name: | AR PL F EFFAPP | | |
| Project Name/Number: | / | | |

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Form | RETURN OF UNEARNED PREMIUM- ARKANSAS | Approved | Yes |

SERFF Tracking Number: CNSM-125855141 State: Arkansas
Filing Company: Consumers Insurance USA, Inc. State Tracking Number: \$50.00
Company Tracking Number:
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR PL F EFFAPP
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/16/2008
Submitted Date 10/16/2008
Respond By Date

Dear Anne Roquette,

This will acknowledge receipt of the captioned filing. A form filing requires a fee of \$50. Upon receipt of the fee, the filing will be reviewed. Please send a response to this correspondence when the fee is submitted.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/20/2008
Submitted Date 10/20/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Ms. Grissom,

The filing fee has been sent.

Thank you,
Anne Roquette

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: CNSM-125855141

State: Arkansas

Filing Company: Consumers Insurance USA, Inc.

State Tracking Number: \$50.00

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR PL F EFFAPP

Project Name/Number: /

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Anne Roquette

| | | | |
|--------------------------|-------------------------------|------------------------|--------------------------------------|
| SERFF Tracking Number: | CNSM-125855141 | State: | Arkansas |
| Filing Company: | Consumers Insurance USA, Inc. | State Tracking Number: | \$50.00 |
| Company Tracking Number: | | | |
| TOI: | 19.0 Personal Auto | Sub-TOI: | 19.0001 Private Passenger Auto (PPA) |
| Product Name: | AR PL F EFFAPP | | |
| Project Name/Number: | / | | |

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|-------------------------------------|----------|--------------|----------------------------------|----------------------|-------------|--------------------|
| Approved | RETURN OF UNEARNED PREMIUM-ARKANSAS | CI 06 08 | 10 08 | Endorsement/Amendment/Conditions | | | CI 06 08 10 08.pdf |

POLICY NUMBER:

PERSONAL AUTO
CI 06 08 10 08

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RETURN OF UNEARNED PREMIUM - ARKANSAS

This endorsement modifies insurance provided under the following:

AMENDMENT OF POLICY PROVISIONS - ARKANSAS

Section **V.C. Other Termination Provisions .2.**
is amended by the following:

2. If this policy is cancelled, you may be entitled to a refund. If so, we will send you the refund. Regardless of whether we cancel or you cancel, we will refund you 100% of the pro rata premium computed according to our manuals. However, making or offering to make the refund is not a condition of cancellation.

SERFF Tracking Number: CNSM-125855141

State: Arkansas

Filing Company: Consumers Insurance USA, Inc.

State Tracking Number: \$50.00

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR PL F EFFAPP

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

| | | | |
|---------------------------------|--------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>CNSM-125855141</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Consumers Insurance USA, Inc.</i> | <i>State Tracking Number:</i> | <i>\$50.00</i> |
| <i>Company Tracking Number:</i> | | | |
| <i>TOI:</i> | <i>19.0 Personal Auto</i> | <i>Sub-TOI:</i> | <i>19.0001 Private Passenger Auto (PPA)</i> |
| <i>Product Name:</i> | <i>AR PL F EFFAPP</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Supporting Document Schedules

| | | | | |
|-------------------------|--|-----------------------|----------|------------|
| Satisfied -Name: | Uniform Transmittal Document- Property & Casualty | Review Status: | Approved | 10/28/2008 |
| Comments: | See Attached | | | |
| Attachment: | ARTD1.2.pdf | | | |

Property & Casualty Transmittal Document


Reset Form

| | | |
|--|---------------------------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only | |
| | a. Date the filing is received: | |
| | b. Analyst: | |
| | c. Disposition: | |
| | d. Date of disposition of the filing: | |
| | e. Effective date of filing: | |
| | New Business | |
| | Renewal Business | |
| | f. State Filing #: | |
| | g. SERFF Filing #: | |
| h. Subject Codes | | |

| | | | | | | |
|-------------------------------|-------------------------------|--------|------------|---------|--------------|------|
| 3. Group Name | CONSUMERS INSURANCE USA, INC. | | | | Group NAIC # | 0000 |
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # | | |
| CONSUMERS INSURANCE USA, INC. | TN | 10204 | 62-1590861 | | | |
| | | | | | | |
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| | |
|----------------------------|--|
| 5. Company Tracking Number | |
|----------------------------|--|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| | | | | |
|---|---|--------------|--------------|---------------------|
| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
| ANNE ROQUETTE P.O. BOX 12268 MURFREESBORO, TN 37129 | PRODUCTS MANAGER | 615-692-0303 | 615-896-0766 | AROQUETTE@CIUSA.COM |
| | | | | |
| 7. Signature of authorized filer |  | | | |
| 8. Please print name of authorized filer | ANNE ROQUETTE | | | |

Filing information (see General Instructions for descriptions of these fields)

| | | | | |
|--|--|------------------------|--|--|
| 9. Type of Insurance (TOI) | 19.0 Personal Auto | | | |
| 10. Sub-Type of Insurance (Sub-TOI) | 19.0001 Private Passenger Auto (PPA) | | | |
| 11. State Specific Product code(s) (if applicable) [See State Specific Requirements] | | | | |
| 12. Company Program Title (Marketing title) | | | | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) | | | |
| 14. Effective Date(s) Requested | New: UPON APPROVAL | Renewal: UPON APPROVAL | | |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 16. Reference Organization (if applicable) | | | | |
| 17. Reference Organization # & Title | | | | |
| 18. Company's Date of Filing | | | | |
| 19. Status of filing in domicile | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved | | | |

Property & Casualty Transmittal Document—

| | | |
|-----|---|--|
| 20. | This filing transmittal is part of Company Tracking # | |
|-----|---|--|

| | |
|-----|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|-----|--|

We would like to file the attached endorsement in reference to the return of unearned premium for our Personal Auto Program.

[View Complete Filing Description](#)

| | |
|-----|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|-----|---|

Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | RETURN OF UNEARNED PREMIUM- ARKANSAS | CI 06 08 10 08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

| | | |
|----|--|--|
| 1. | This filing transmittal is part of Company Tracking # | |
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | |

☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

| | | | | | | | |
|--------------|---|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | | | | | | |
| 4a. | Rate Change by Company (As Proposed) | | | | | | |
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
| | | | | | | | |
| | | | | | | | |
| 4b. | Rate Change by Company (As Accepted) For State Use Only | | | | | | |
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
| | | | | | | | |
| | | | | | | | |

| 5. Overall Rate Information (Complete for Multiple Company Filings only) | | | |
|--|---|-------------|-----------|
| | | COMPANY USE | STATE USE |
| 5a | Overall percentage rate indication (when applicable) | | |
| 5b | Overall percentage rate impact for this filing | | |
| 5c | Effect of Rate Filing – Written premium change for this program | | |
| 5d | Effect of Rate Filing – Number of policyholders affected | | |

| | | |
|----|---|--|
| 6. | Overall percentage of last rate revision | |
| 7. | Effective Date of last rate revision | |
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | |

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn? | Previous state filing number, if required by state |
|----|---------------------------------------|--|--|
| 01 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 02 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 03 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |